



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Financial Aid Office
3300 Century Avenue North
White Bear Lake, MN 55110
Phone: 651-779-3305
Fax: 651-779-5816
E-mail: finaid@century.edu

Consortium Agreement

Name _____ Century Student ID Number _____
Address _____ Phone _____
Semester _____

I am requesting that Century College be my Home School (the school where I intend to receive my diploma or degree and that will disburse my financial aid), and that the credits taken at Century College and the institution indicated in SECTION A (Host School), be used to determine my enrollment status and financial aid for the semester indicated above.

I understand the following conditions:

- **I must be enrolled in a degree, diploma, or certificate program at Century College.**
- **I must have completed my entire financial aid application with Century College.**
- **I must attach proof of my registration for the semester requested from the Host School.**
- **I am responsible for payment in full of my tuition and fees at the Host School.**
- **I must NOT receive financial aid from the Host School.**
- **I must meet with a Century College counselor to complete SECTION B.**
- **I must provide the Century College DARS Office with an official transcript from the Host School following completion of the semester. (Failure to do so will result in a grade of "F" for the course(s) taken.)**

Student Signature _____ Date _____

SECTION A: (completed by the Host School)

The student has registered for _____ # credits through our institution for the time period _____/_____/_____ through _____/_____/_____ and will NOT receive financial aid from us for this semester.

FA Office Signature _____ Date _____

Institution Name and Address _____

SECTION B: (completed by a Century College Academic Counselor)

I have reviewed the course(s) listed on the attached registration from the Host School and have determined that _____ # credits taken will be accepted as part of the student's Century College degree, diploma or certificate program.

Counselor Signature _____ Date _____

Financial Aid Office use only: Semester/Year _____ # credits.

This student is enrolled in a degree program at Century College and will be paid for this semester based on credits taken at Century College and consortium credits from the Host School.

Century FAO Signature _____ Date _____